

CHAPTER 3

REQUESTING A SLOT

In order to be enrolled in the Community Supports Waiver, the applicant must need the services and supports that can be provided through the Waiver. As a Service Coordinator/Early Interventionist, you are responsible for assessing the individual's needs and determining the service and supports required to meet the identified needs. If, after assessing the needs and identifying the required services and supports, it is found that the Community Supports Waiver is an appropriate mechanism for funding all or some of the needed services and supports, a Community Supports Waiver slot should be requested.

If an applicant or his/her family, at any point in time, specifically requests enrollment in the Community Supports Waiver, a slot **MUST** be requested. Furthermore, if a individual/legal guardian contacts any local board/provider and requests "waiver services", the application must be submitted regardless of whether or not there is an open case, whether or not DDSN eligibility has been determined. In these cases, this should be noted on the application and sent according to instructions. The SCDDSN Service Coordination Annual Assessment/Support Plan, IFSP, or FSP is not required in these cases.

Request for Community Supports Waiver Slot Allocation (Community Supports Form 30A) must be completed within three (3) working days of request of waiver services or determination that waiver services are needed. It must be forwarded to the District II Waiver Coordinator (currently Mary Griddine) located at Midlands Center (SCDDSN; Midlands Center; Sequoia Building; 8301 Farrow Rd; Columbia, SC 29203) along with a copy of the SCDDSN Service Coordination Annual Assessment (when applicable), Support Plan/IFSP/FSP (when applicable). Make sure the District II Waiver Coordinator's name is included when sending the application to Midlands Center. The **Community Supports Waiver Information Sheet (Community Supports Info Sheet-1)** must be forwarded to the individual/legal guardian within three (3) working days of the request for waiver services.

Once the District II Waiver Coordinator has received the **Request for Community Supports Waiver Slot Allocation (Community Supports Form 30A)** and, if applicable, reviewed the SCDDSN Service Coordination Annual Assessment, Support Plan/IFSP/FSP, the Request is forwarded to the District I Waiver Coordinator (currently Vicki Coleman) at Whitten Center. The District II Waiver Coordinator has ten (10) working days to complete this process. The District II Waiver Coordinator sends correspondence to the Service Coordinator Supervisor, who signed the **Request for Community Supports Waiver Slot Allocation (Community Supports Form 30A)**, stating that the request has been forwarded to the District I Waiver Coordinator. If notification is not received within twelve (12) working days of submission of the **Request for Community Supports Waiver Slot Allocation (Community Supports Form 30A)**, please follow-up with the District II Waiver Coordinator to ensure that the application was received.

The **Request for Community Supports Waiver Slot Allocation (Community Supports Form 30A)** will be reviewed for approval by the District I Waiver Coordinator. If a waiver slot is available and the

slot request has been approved, the District I Waiver Coordinator will complete the **Notice of Slot Allotment (Community Supports Form 5, Chapter 6)**. This form will be sent to you and the Waiver Enrollment Coordinator. This notice serves as notification that a Community Supports Waiver slot has been awarded to the noted individual. The Waiver Enrollments Coordinator will notify the SCDHHS Eligibility Worker via the DHHS Form 118A that the individual has been awarded a waiver slot and will proceed with processing the enrollment. It is your responsibility to obtain the Freedom of Choice Form (**Chapter 4**) and prepare and forward the Request for Level of Care (**Chapter 5**) to the Consumer Assessment Team.

If a Community Supports Waiver slot is not available, the individual will be placed on the Community Supports Waiver waiting list on a **first come, first serve basis**. District staff will notify the individual/legal guardian, and the Service Coordination Supervisor in writing of this decision. The appeals/reconsideration process will be included with the written notification to the individual/family member/legal guardian. When a slot becomes available for the individual, you will be notified by receiving the **Notice of Slot Allotment (Community Supports Form 5)**.

Application Withdrawal/Request to be Removed from the Community Supports Waiver Waiting List:

If, during the application process or while the individual is waiting for a slot, the individual/legal guardian decides that they no longer wish to pursue Community Supports Waiver services, they must complete the **Statement of Individual Declining Waiver Services (Community Supports Form 20)**. This form should be signed and dated by you and the individual/legal guardian unless the procedures for a **Non-Signature Declination** are followed. A copy must be forwarded to the District I Waiver Coordinator. The District I Waiver Coordinator will remove the individual's name from the waiting list. A copy of the form should be provided to the individual and the original placed in the individual's file. If at a later time the individual wishes to reapply for the Community Supports Waiver, a new **Community Supports Waiver Slot Allocation Request (Community Supports Form 30A)** must be submitted according to the procedures outlined in this chapter.

Waiting List and Other Waivers:

An individual can be on the Community Supports Waiver (CSW) waiting list as well as waiting lists for other waivers at the same time. If while enrolled in the Community Supports Waiver a slot becomes available in another waiver, the individual will be given the choice of whether to remain in the CSW or enroll in the new one.

Non-Signature Declinations

When you are unable to locate the parent/legal guardian or the parent/legal guardian has been non-responsive and you are unable to obtain the signature of the individual/legal guardian to signify their declination of waiver services, you must:

- Document in the case file the specific dates when you tried to contact the family. Notes must carefully document if a message was left or a conversation with the parent took place. You should ensure that calls are made on multiple days at varying times and during times the file indicates someone would typically be at home.

- After four (4) telephone attempts/calls to no avail, the record must reflect that a certified, return receipt letter was sent. The content of the letter must clearly explain what issues need to be resolved and a deadline to respond. A copy of this letter must be in the file.
- If, after the above attempts, there is still no response, you must send a second certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process, and a statement that the case will be closed in the next ten (10) calendar days if no appropriate response is received.

If the above steps have been taken, the Statement of Individual Declining Waiver Services can be processed without an individual/legal guardian's signature.

A copy must be forwarded to the District I Waiver Coordinator. The Waiver Enrollments Coordinator will remove the consumer from the Waiver Tracking System (WTS).

Community Supports Waiver
Policy for Waiver Enrollment and Maintaining Waiting Lists

Effective Date: July 1, 2009

Waiting List Management

The SCDDSN District I Waiver Coordinator's Office is responsible for maintaining a current list of all Community Supports Waiver applicants. Applicants placed on the Community Supports Waiver Waiting List will be enrolled in the waiver up to the approved yearly limit per the Community Supports Waiver Document. Enrollment will be based on earliest referral date/time.

The following applicants will be given priority and will be enrolled in the Community Supports Waiver without being placed on a waiting list:

- Those who previously participated in Medicaid Funded Rehabilitation Support Services (both individual and facility-based)
- Those who are transferring from the Mental Retardation/Related Disabilities Waiver.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUEST FOR COMMUNITY SUPPORTS WAIVER SLOT ALLOCATION

Section 1: Individual Information

Date: _____

Name of Individual:		Social Security #:	
Address:		Medicaid #:	
		If none, has application been made? <input type="checkbox"/> yes <input type="checkbox"/> no	
Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Caregiver/Parent's Name if applicant under the age of 18:			
Where does the Individual currently reside:	<input type="checkbox"/> Family	<input type="checkbox"/> Hospital	
	<input type="checkbox"/> Independent Living	<input type="checkbox"/> Boarding Home	
	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> DSS Custody/Foster Care	
	<input type="checkbox"/> Other _____	DSS Caseworker: _____	
<input type="checkbox"/> MR	<input type="checkbox"/> RD _____	<input type="checkbox"/> Autism	<input type="checkbox"/> At-Risk/High Risk
		<input type="checkbox"/> Not currently eligible	<input type="checkbox"/> Time Limited MR/RD

Section 2: Provider Information

SC/EI (please circle appropriate title):	Provider:
Address:	
SC/EI Supervisor:	County:

Anticipated Waiver Funded Services	Anticipated Units Per Month or Needed Items	One-Time or Ongoing/Comments

Is the individual currently enrolled in the Community Choices Waiver through CLTC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what services are they receiving:		
Is the individual currently receiving Children's PCA from SCDHHS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how many hours per week?		

Is the individual receiving Family Support Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, amount/month and services funded?		

Section 4: Indicate specifically how the services identified will assist the individual and prevent the need for institutional placement. Include any information regarding the individual’s current situation (do not repeat Waiver Service Definitions).

I verify that the appropriate SCDDSN documentation (ex: Service Coordination Annual Assessment, Support Plan/IFSP/FSP) has been reviewed and supports the request for Community Supports Waiver Services.

☐ The applicant does not have a plan to include.

Supervisor/District Office Representative

Date

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY SUPPORTS WAIVER
STATEMENT OF INDIVIDUAL DECLINING WAIVER SERVICES

Please Type or Print

Individuals Name: _____

Social Security Number: —₁— —₂— —₃— —₄— —₅— —₆— —₇— —₈— —₉—

I, _____, as the individual/legal guardian, have decided at this time to not pursue enrollment in the Community Supports Waiver. I understand that declining participation now does not prohibit me from reapplying for the Community Supports Waiver in the future.

I understand that this decision does not directly affect my eligibility for other services available through the South Carolina Department of Disabilities and Special Needs.

Individual/Legal Guardian

Date

Service Coordinator/Early Interventionist

Date

☐ I am unable to obtain a signature from either the individual or legal guardian, therefore, the procedure for a Non-Signature Declination was followed and is documented in the individual's file.

Service Coordinator/Early Interventionist

Date

Original: File Copy: Individual/Legal Guardian and District I Waiver Coordinator

Community Supports Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to SCDDSN individuals only if that person lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to individuals in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services to collaborate with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based Waiver program for people with mental retardation or related disabilities to offer Community Supports Services.

Community Supports Waiver Participation

To participate in the Community Supports Waiver, a person must:

- ✓ be diagnosed with Mental Retardation or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/MR.
- ✓ have needs that can be met by the Community Supports Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the Community Supports Waiver, choose to receive Community Supports Waiver services, and choose among qualified providers.
- ✓ Maintain services within the individual cost limit.

Community Supports Waiver Termination

Community Supports Waiver Enrollment is terminated when the individual:

- ✓ is admitted to an ICF/MR or nursing facility.
- ✓ no longer meets ICF/MR Level of Care.
- ✓ is no longer eligible for Medicaid as determined by SCDHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the Community Supports Waiver.
- ✓ does not receive a Community Supports Waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ moves to another HCB waiver
- ✓ has exhausted the individual cost limit.

Applying for Community Supports Waiver Services

- Regardless of the applicant's age, contact the Disabilities and Special Needs (DSN) Board in the county in which the applicant lives. This information can be obtained by contacting the SCDDSN Office of Community Education at (803) 898-9743 or www.ddsn.sc.gov
- Inform the local Disabilities and Special Needs Board that you wish to apply for the Community Supports Waiver. Your selected, qualified service coordination provider will be responsible for working with you to gather the information to complete the application.
- You will receive written response from SCDDSN regarding your Community Supports Waiver application.

Applying for DDSN Services

- For individuals 0-3, application must be made through Babynet. Contact information can be obtained by calling the Babynet Care Line 1-800-868-0404. Babynet eligibility/services does not have to be obtained in order to apply for the Community Supports Waiver.
- For individuals 3 and older, contact the Disabilities and Special Needs (DSN) Board in the county in which the applicant lives. This information can be obtained by contacting the SCDDSN Office of Community Education at (803) 898-9743 or at www.ddsn.sc.gov
- If you are screened appropriate for consideration of eligibility, the local DSN Board will assist you with completing the eligibility process. An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 364 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for services that were provided to you. Please work with your Service Coordinator or Early Interventionist to make sure that your plan is completed at least once every year.

Community Supports Waiver Services

Community Supports Waiver services are provided based on identified needs of the individual and the appropriateness of the service to meet the need. The services listed below may be limited due to provider availability. A list of enrolled and qualified providers of Community Supports Waiver services can be located at the SCDDSN website (www.ddsn.sc.gov) or by contacting the local Disabilities and Special Needs Board in the county in which the individual lives.

- **Adult Day Health Care Services:** care furnished to someone 18 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care-Nursing Services:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/ wound care, tracheostomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care-Transportation:** This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center.
- **Behavior Support Services:** services to assist people who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Day Activity:** Supports and services provided in therapeutic settings to enable individuals to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills.
- **Career Preparation:** Services aimed at preparing individuals for paid and unpaid employment and careers through exposure to and experience careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self determination, and self-advocacy.
- **Community Services:** Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Employment Services:** Employment services consist of intensive, on-going supports that enable individuals for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Support Center Services:** Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the individual's home to people who because of their disability are unable to care for and supervise themselves.
- **In-Home Support:** Care, supervision, teaching and/or assistance provided directly to or in support of the individual and provided in the individual's home, family home, the home of others, and/or in community settings. This service is self-directed.
- **Environmental Modification:** physical adaptations to the individual's home which are necessary to ensure the health, welfare and safety of the individual (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.)
- **Personal Care Services (I and II):** assistance with personal care and activities of daily living for individuals 21 or older. Personal Care Services are available through the Medicaid State Plan for those under 21.
- **Private Vehicle Modification:** modifications to a privately owned vehicle used to transport the individual (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.).
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Respite Services:** care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- **Specialized Medical Supplies, Equipment, Assistive Technology and Appliances:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available under the Medicaid State Plan that provides medical or remedial benefit to the individual.